PTO/SB/06 (08-03)

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Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))

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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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TOTAL

ADD'L FEE

OR

OR

OR

ADD'L FEE